

INSTRUCTIONS TO APPLICANT

To appeal the refusal to issue a handgun permit or the revocation or suspension of a handgun permit, you must complete this Complaint. Three completed copies must be filed with the Clerk of the General Sessions Court in the county of your residence. Court costs and litigation taxes will be collected by the Court Clerk from you when you file this Complaint.

The applicant shall also serve notice on the Tennessee Department of Safety by sending a copy of the petition by certified mail, return receipt requested to: Tennessee Department of Safety, Legal Division, 1150 Foster Avenue, Nashville, TN 37249-1000.

One copy of this Complaint will be given back to you. One copy will be sent to the District Attorney General, who will represent the State of Tennessee Department of Safety.

The clerk of the court will complete the hearing date on this Complaint.

STATE OF TENNESSEE

GENERAL SESSIONS COURT

OF _____ COUNTY

Case Number _____

PETITION

_____, Petitioner

Department of Safety Case Number: _____
(driver license number or assigned number)

Address: _____

Phone: _____

Attorney for Petitioner: _____

Address: _____

Phone: _____

BPR# _____

v.

STATE OF TENNESSEE

The undersigned affiant, after being duly sworn according to the law, states that such his or her handgun permit has been denied, suspended or revoked and further applicant states that the permit should have been granted or that the permit was improperly suspended or revoked because of the following:

Further applicant states that _____ County is the County of his or her residence and that judicial review is requested by the General Sessions Court of such county.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, _____.

CLERK OR DEPUTY CLERK

TO BE COMPLETED BY CLERK OF COURT:

Hearing to be held on the _____ day of _____, _____, at the General Sessions Court of _____

County, Tennessee at _____ o'clock, ____ .m.

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Y.

STATE OF TENNESSEE

**PETITION TO APPEAL HANDGUN PERMIT
DENIAL, REVOCATION OR SUSPENSION**

DATE SET FOR HEARING:

On the _____ day of _____

_____ at _____,

o'clock ____ .m.

Filed on the _____ day of

_____ ; _____

Clerk or Deputy Clerk

Witnesses to be Subpoenaed:

Include names and addresses:

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JUDGMENT

Action of the State of Tennessee Department of Safety is:

☐ Upheld

☐ Reversed

Reasons for Decision of Court:

Downloaded from <http://ajph.org/> on November 10, 2014

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Judge

This the _____ day of

Attorney for Petitioner:

Address: _____

BPR# _____